



# Virginia Department of Social Services

*people helping people*

## ***Response to COVID-19: Child Welfare***

*October 21, 2020*

*Kristin Zagar – Director, Division of Family Services  
Em Parente, Assistant Director, Programs and Policy*

# VDSS Service Response to COVID-19

# 2



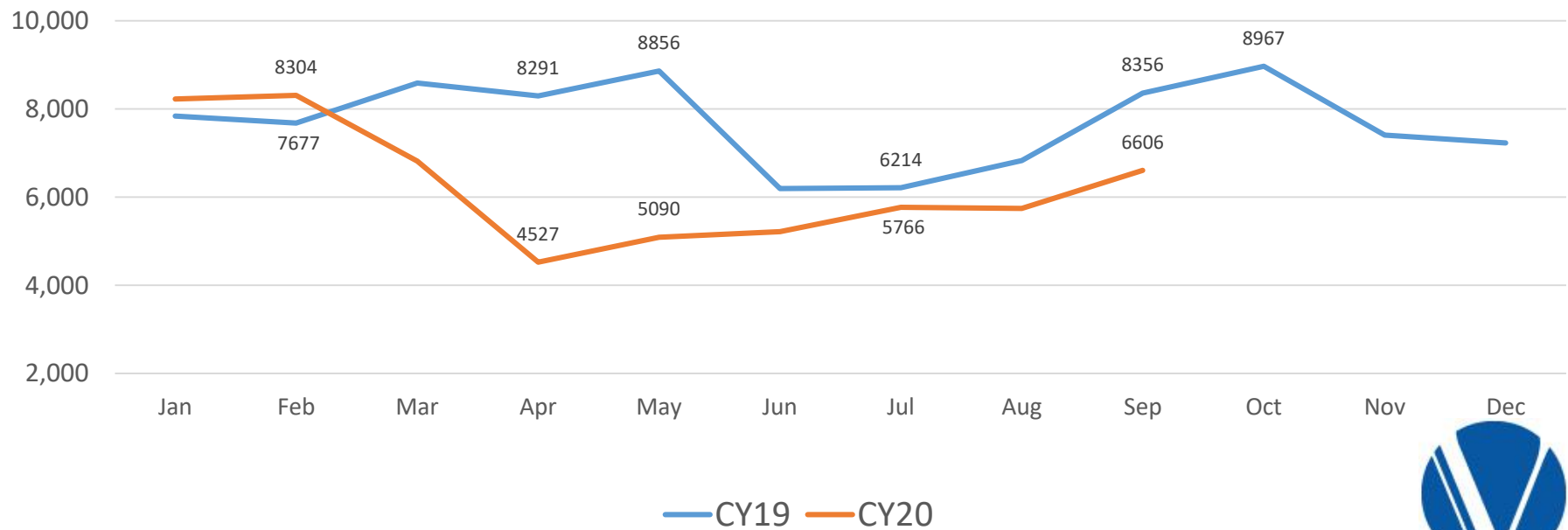
# Data Analysis- Hotline

3

Preparing for back to school increase in calls to the hotline



Statewide Monthly Referrals

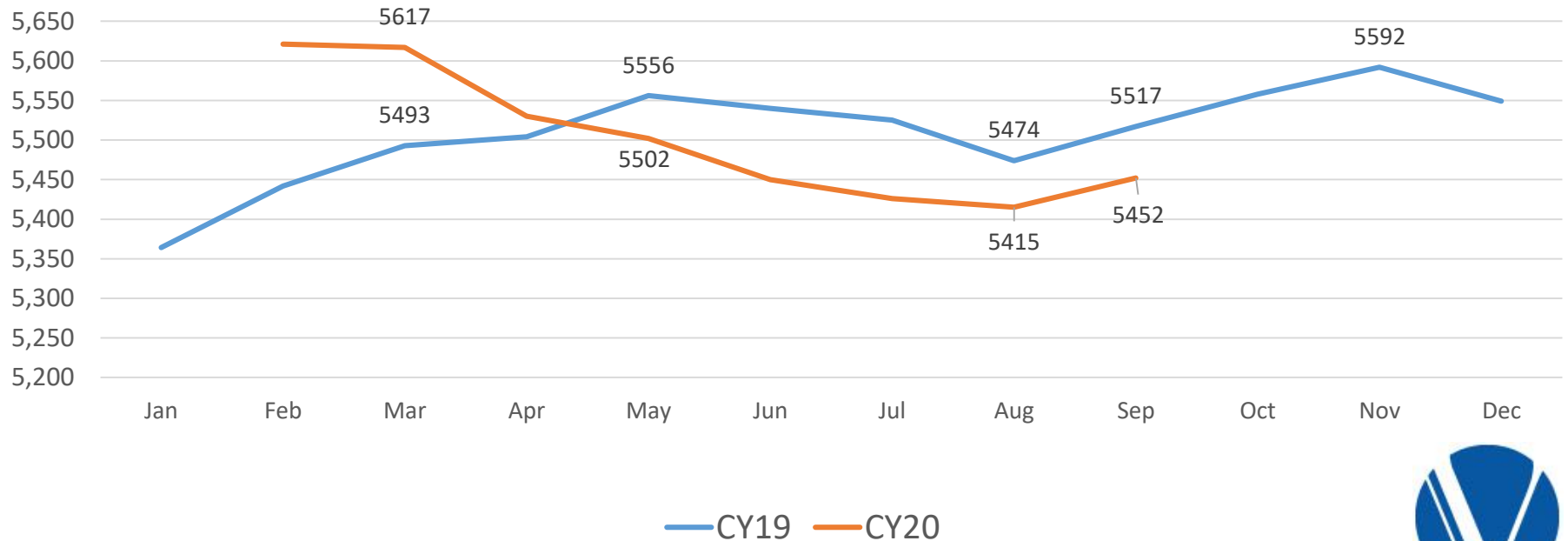


# Data Analysis- Foster Care

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Statewide Total Children in Care, by Month (point in time)



# Policy/ Data/ Training Alignments

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Establishing  
Essential Personnel  
(Emergency  
Responders)

Virtual Visits  
Doxy.me

Guidance  
Changes/FAQs

Teleworking  
Support

18 Regulatory  
Waivers

Weekly Data  
Analysis

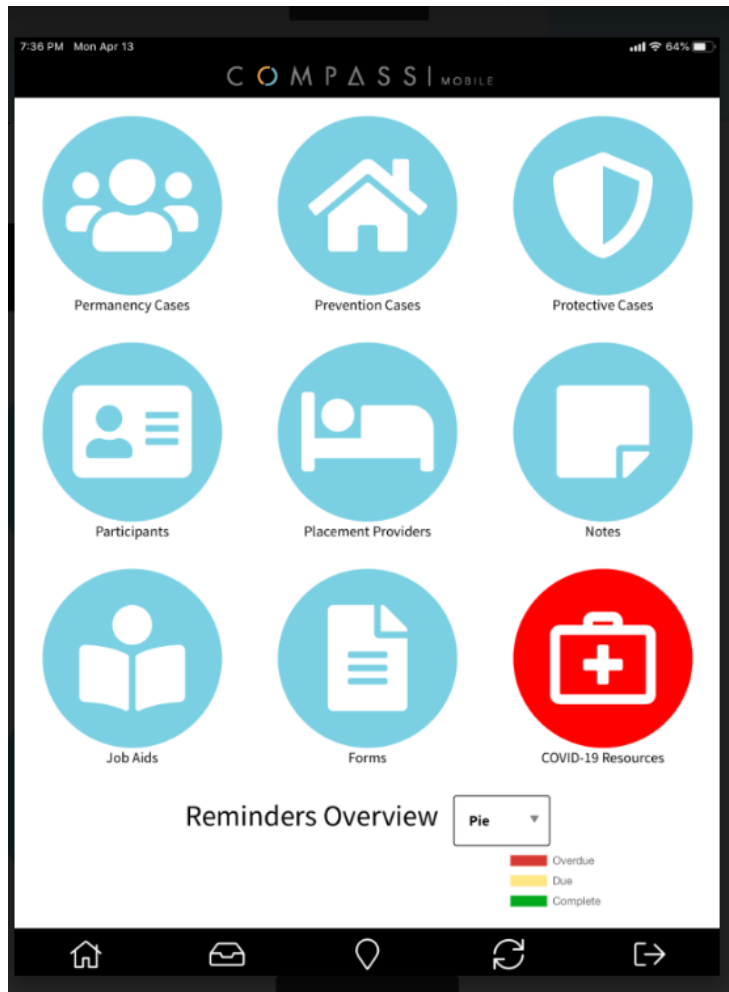
Foster Parent  
Payments

Collaborations:  
VDOE, CIP, DBHDS-  
DJJ-DMAS,  
Advocacy Partners

Converting In-  
Person Training to  
Virtual Training  
Options

# Worker Telework Supports

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## COMPASS MOBILE





# Practice Tools: Home Visit Screening Tool & Guides

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## Tips for Home Visiting

### Preparing & Arriving for a Visit

Follow "COVID-19 Home Visiting Screening Flowchart" to determine whether to proceed with a visit.

#### What to Bring

- ✓ Face masks and gloves (personal protective equipment) if available.
- ✓ Bring only the items necessary for the visit into the home.
- ✓ Store personal items securely in your vehicle prior to arriving at the location.
- ✓ Avoid placing belonging on tabletops and counters that might have high levels of germs.

**"Sanitary Tool Kit"**

- Plastic bag that seals to hold materials
- Hand soap/hand sanitizer
- Paper towels (fold several into bag – do not take a whole roll)
- Disinfectant wipes

#### Cleaning & Sanitizing During and Between Visits

##### Washing Hands

(if no personal protective equipment is used)

Wash at kitchen/bathroom sink:

- Upon arrival
- At departure
- As needed

Use supplies brought in your "Sanitary Tool Kit."

Use hand sanitizer in situations where hand washing is unavailable or unreasonable.

#### Arrival and Greeting

Greet families verbally, being mindful of anyone else present (confidentiality).

#### Avoid physical contact:

- Handshakes
- Hugging
- When possible, maintain the recommended 6 feet distance between people, including children.

Avoid doorknobs, allow family members to open the door or use a barrier.

Consider speaking with people outside fresh air if possible.

#### Supplies

Clean and sanitize the following items between home visits and/or as needed:

- Cell phone
- Pen (dedicated to home visits)
- Name badge
- Clipboard
- iPad
- Any additional supplies

## COVID-19 Home Visiting Screening Flowchart

PLEASE call all clients PRIOR TO VISIT to assess the following.

When you arrive at the client's door (or at an alternative location) for a field visit, please assess again by:

- Asking the questions below.
- Remaining at a distance of at least six (6) feet when screening.
- If no one in the home or in the visit is ill, proceed with the visit.
- If you are unable to enter home or conduct face to face visit, refer to Broadcast "Critical Information for FSS Regarding COVID-19" on Fusion.

**1** ASK: Have you or someone else in your home been EXPOSED to COVID-19?

YES	NO
Have you traveled to countries China, Iran, S. Korea, Italy, and Japan?	
AND/OR	
Have you had close contact with a person with a confirmed COVID-19 illness?	
<b>SYMPTOMS</b>	
Fever	Cough
Shortness of breath	
<b>Client reports EXPOSURE &amp; SYMPTOMS</b>	<b>Client reports only SYMPTOMS</b>
<b>Cancel Visit &amp; Inform:</b> <ol style="list-style-type: none"><li>1. Cancel visit and make a plan to follow up and document.</li><li>2. Encourage the client to call their PCP for further assessment.</li><li>3. If client doesn't have a PCP, provide information on locations to receive care.</li><li>4. Provide client with the Coronavirus Call Center number 1-800-525-0127.</li><li>5. Notify your supervisor.</li></ol>	<b>Cancel visit &amp; Inform:</b> <ol style="list-style-type: none"><li>1. Cancel visit and make a plan to follow up and document.</li><li>2. Encourage the client to call their PCP for further assessment.</li><li>3. If client doesn't have a PCP, provide information on locations to receive care.</li><li>4. Notify your supervisor.</li></ol>

**2** ASK: Have you or someone else had SYMPTOMS in the last 14 days?

**3** ASK: If someone has had exposure or symptoms:

## Virtual Worker Visits

To document virtual worker visits, OASIS and COMPASS/Mobile added a new picklist value under Purpose for Contacts and ILS: Worker Visit Virtual. Please note, that for service workers completing worker visits via videoconferencing select both Worker Visit AND Worker Visit Virtual values on the picklist.

Service workers should prepare the family for the virtual visit ahead of time by ensuring that the family knows what will be required of them (use "Preparing for a Virtual Worker Visit – Tips for Families").

**Preparation for Workers:**

- ✓ Review detailed instructions on day me (refer to day me [Broadcast](#)).
- ✓ Test the software to make sure it is working before beginning the virtual visit.
- ✓ Plan an outline of the items you want to discuss and see during the virtual visit.
- ✓ Go to a quiet, well-lit, distraction-free, and private area to conduct the virtual visit.

### General Assessment

Assess the child's well-being:

- **Physical:** Identify creative ways to observe the physical condition of the child and assess for injuries (ask the child to back up from the camera and show the worker a dance move, jumping jack, etc. or have the placement provider plan a diaper or clothes change during visit); discuss any medical needs that the child has.
- **Emotional:** Ask about how the child and the family are coping with the changes in their life check in about the impact changes, how any needs are being met through telehealth, etc.
- **Behavioral:** Check in with the child and family/placement provider about any behavioral challenges and resources to address, continuing structure in the home; ask if the child has experienced any changes in their sleeping or eating habits, etc.; address child care/supervision needs and explore offering additional supports.

Assess the family/placement provider's well-being:

- **Financial stressors:** Ask about loss of job or income, unpaid bills, unexpected expenses, etc.
- **Substance use:** Ask about type and frequency of substances used and feelings associated with use, such as pain, fear, and grief during this time.
- **Domestic violence:** Ask about the presence of controlling behaviors, increased isolation, and fear.
- **Mental health:** Ask about exacerbated symptoms of depression, anxiety, or other mental health conditions.
- **Natural supports:** Ask about the availability of the family's natural supports.
- **Family are utilizing to support their continued health and well-being.** Ask about what self-care strategies the caretaker(s) and family are utilizing to support their continued health and well-being.
- **Share updates regarding office and court status (closures, ability to hold meetings virtually, etc.).**
- **Out-of-home placement (FC/kinship care):** Address visitation with the child's family and what support the worker may provide. Use the Virtual Family Time/Visitation Tip Sheet to discuss ways the visits can still be held and expectations for continued contact.

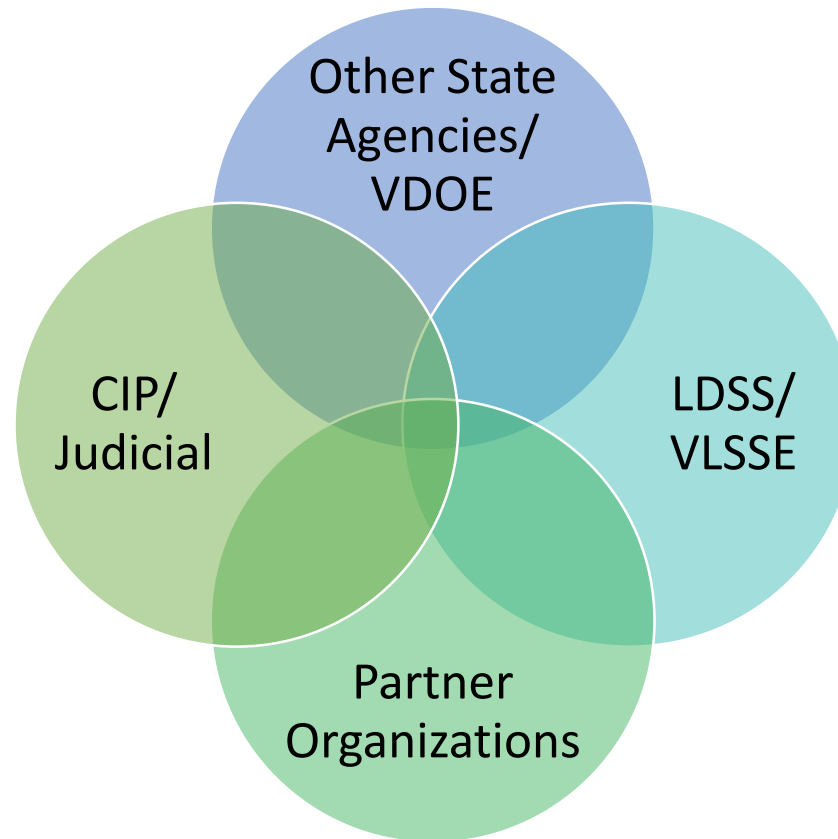
### In-Home Services & Permanency

Spent time during the virtual visit with the caretaker (parent/guardian/placement provider) and child together and with each separately.

- Use the Monthly Worker Visit Checklist to help guide you through assessing safety, permanency and well-being (Permanency).
- Check in with the caretaker to ensure that the child's needs are being met during this time and that the caretaker is feeling supported.
- If parenting incapacity is noted due to suspicion of substance use, the worker needs to make immediate field and immediately testing to be completed in the field due to the caretaker's incapacity.
- Observe the interaction between caretaker and child. When conversation veers away from the child, be intentional about bringing the caretaker-child relationship back into focus.
- It is possible to "suspend" a current goal in an in-home service plan and work together with the caretaker on a new goal that has emerged in response to the current crisis.
- Be transparent about any delays this may cause in the child's case (whether finalization of a permanency plan like adoption or reunification, postponing a non-emergency placement, etc.) (Permanency).
- Address normalcy decisions and how the caretaker is supporting the child's normalcy, understanding that it may look differently right now (Permanency).

# Collaboration to Address Prevention, Planning

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Proactively define and address shared concerns, leverage stakeholders' and partners' unique abilities, resources and agility to meet needs and attain common goals.





# VDSS/Partner Outreach Flyers

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## GUIDANCE FOR TEACHERS AND COUNSELORS DURING COVID-19 AND OTHER CRISES

**YOUR IMPORTANT ROLE AS A HERO FOR STUDENT WELL-BEING AND LONG-TERM ACADEMIC SUCCESS WHEN SCHOOLS ARE CLOSED**

Teachers are a lifeline for many students. Your role is even more critical in times of crisis. The purpose of this tool is to provide guidance and support as you continue to be a role-model and champion for students.

**Impact of Crisis on Students**  
With this current global pandemic, we are all feeling a collective stress. Stress can be helpful if it motivates us to take safety measures, and it can be tolerable if we use our healthy coping strategies. However, too much stress can overwhelm our nervous system and weaken our immune system leaving us at increased risk for anxiety, depression, decreased cognitive performance and infections. In addition, Adverse Childhood Experiences (ACEs), including child abuse and neglect, increase when caregivers experience stress and economic hardships. Since schools have closed, children have lost the safety net provided by caring teachers, counselors, and other personnel.

**Your Role Now**  
You can continue to be a hero to students in this time of crisis and help mitigate the negative impact of traumatic events and stress; caregivers might not be able to do it alone. Prioritizing student safety and managing stress is critical to the well-being and long-term academic success of our students.

**What You Can Do**

- **Create safety:** Be evaluative, be compassionate, help students (and parents) create predictability and a feeling of control. Connect visually or audibly with students.
- **Provide social and emotional support to students (and families):** Be a student's support system. Help kids connect with each other. You can engage directly with parents as well.
- **Prioritize health and well-being:** Adding more stress will worsen a student's cognitive ability to adapt and learn, so consider the total academic workload you and your fellow teachers are asking of your students. Promote healthy sleeping, eating and exercise habits.
- **Identify children and families who need additional support:** Your ability to connect families or students to resources now can make all the difference. Mandated reporter duties do not stop because children are not in the classroom, but what you see may be different.

### Child Well-Being Check

You may be one of the few adults who can check in on your student during this time, and you play an important role in supporting their well-being.

1. Is the child missing scheduled video meetings or office hours? Are you unable to connect with them via phone?
2. Have you heard or seen anything concerning or video, such as screaming, unsanitary housing conditions, or young children alone or being cared for by other young children?
3. Does your student appear tired, sad, nervous, disruptive, angry, etc. in video meetings, email exchanges, or phone calls?

If you answered yes to any of these questions or you are concerned about a student for any reason:

1. If you believe the student or family needs support and you have a school or district wellness or counseling office, follow your protocols for a referral. You may need to help the family make a direct connection.
2. If you don't have a place at your school to refer students or their families, refer them to a community based organization whose job it is to help people connect with resources.
3. If you believe child abuse or neglect is occurring, follow your school's reporting process, or contact your county child abuse reporting hotline.

## NOT AN ACCUSATION – JUST THE START OF THE HELPING PROCESS

The helping process can begin with a phone call to a professional on one of our hotlines.

**Virginia Child Abuse and Neglect Hotline:**  
**800-552-7096**

**Adult Protective Services Hotline:**  
**888-832-3858**

**Family Violence & Sexual Assault Hotline:**  
**800-838-8238**

Working together, we can protect the most vulnerable in our community.




**VIRGINIA DEPARTMENT OF SOCIAL SERVICES**  
[www.dss.virginia.gov/abuse](http://www.dss.virginia.gov/abuse)

# Older Youth Prevention Campaign

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Anyone experiencing abuse or neglect deserves help. **Calling for help is the first step.**

If it doesn't look safe, sound safe or feel safe, know that we are here to help.

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Child Protective Services:  
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Adult Protective Services:  
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Family Violence:  
text **804-793-9999** or  
call **800-838-8238**

  
VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

#VAafeandsound [www.dss.virginia.gov/abuse](http://www.dss.virginia.gov/abuse)



If someone around you is a threat to you or a family member's safety, **please make a call for help.**

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#VAafeandsound



If someone at home is hurting you or someone else, **make a call for help.**

**We're here for you.**

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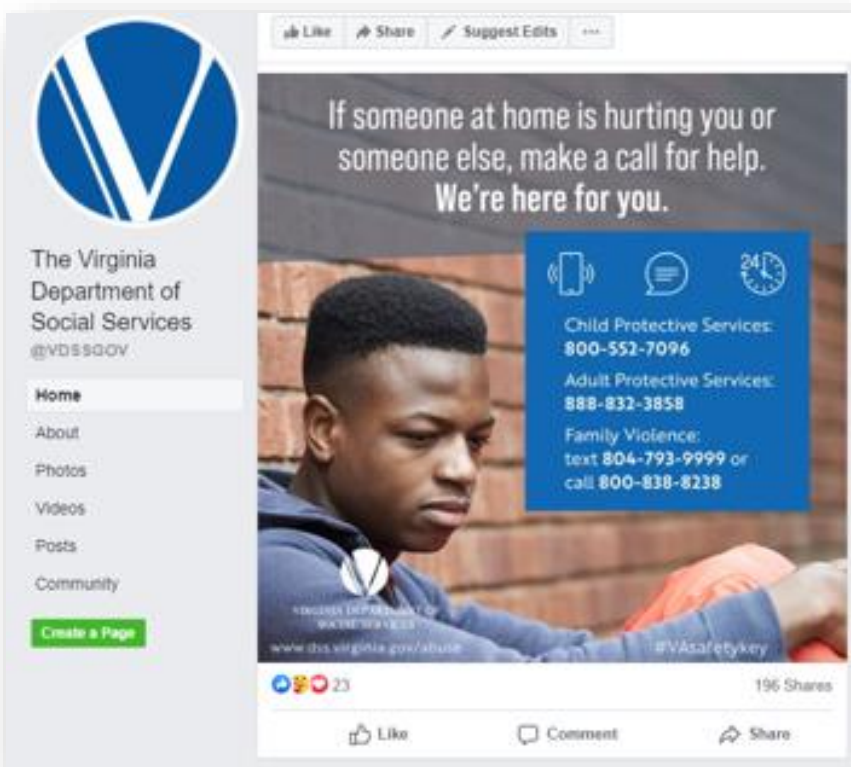
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#VASafetykey #VAafeandsound



# Social Media Examples

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Guidance  
Changes/FAQs

18 Regulatory  
Waivers

Foster Parent  
Payments

Converting In-  
Person Training to  
Virtual Training  
Options



# Foster Care and Adoption

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## Medical and Dental Exams (22VAC40-201-50 and 22VAC40-201-90)

- Because doctor's office were not operating normally- the timeframes for medical and dental exams were waived. Instead, agencies are required to consult with the child's doctor and/or dentist's office and ensure that the child's immediate needs are being met.

## School Enrollment (22VAC40-201-50)

- The timeframe for immediate school enrollment has been waived. When a child in foster care moves from one school jurisdiction to another, workers must still provide notification to the schools, but because schools are closed, it is not possible to enroll the child until the schools re-open. Children in care are expected to continue to take advantage of virtual school opportunities made available through the school where they remain enrolled.

## Monthly Worker Visits (22VAC40-201-90)

- The requirement for face-to-face contact has been amended to allow videoconferencing to meet this requirement. The monthly caseworker visit requirement remains in place, but the waiver permits visits to be conducted by videoconferencing during this time when it is not safe to conduct the visits in person, consistent with guidance that has been provided by the Children's Bureau.

## AREVA Registration (22VAC40-201-150)

- The requirement of the child-placing agency to register a child with the Adoption Resource Exchange of Virginia (AREVA) is suspended during the state of emergency. If workers are able, they may still register the child with AREVA, though the required documents that are required to be sent to the Home Office may not be accessible.

## Training Requirements (22VAC40-211-200)

- Because classroom training was not available, Initial and in-service training requirements for workers are suspended during the state of emergency. The Training Unit has been transitioning required trainings into trainings which are delivered virtually to support new staff.

# Foster Care and Adoptive Homes

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## Tuberculosis and Physical Exam for initial home approval

- The requirement for regular foster home (non-relative placements) applicants to have tuberculosis assessment, screening, or tests was waived. Also waived is the requirement to have the results of a physical examination administered within the 13-month period prior.

## Mutual Family Assessment for initial home approval

- The requirement to complete the Mutual Family Assessment (MFA) documentation was waived.

## Standards of Care for Continued Approval

- The re-approval process was waived, including background checks, in-home interviews with providers, TB assessments, and reviewing confidentiality and corporal punishment requirements. These homes will just continue to be approved until the state of Emergency is lifted.

## Additional Daily Supervision

- Six administrative requirements around administering the tool to calculate the additional daily supervision were waived.



## VEMAT options

- One of the initial projects VDSS undertook during this crisis was to address the need for placements for children and youth who may be ill or have been exposed to COVID-19, and the best ways to support the families who remain dedicated to caring for them during those weeks or months. VDSS produced a temporary Addendum to the Virginia Enhanced Maintenance Assessment Tool (VEMAT), the mechanism that currently aids in determining the financial support provided to foster families based on the needs of the children in their care, making available increased payments for those families who are able to provide care in COVID circumstances.

## *Congregate care*

- Collaborated with licensing agencies (DSS Licensing and Dept of Behavioral Health and Development Services licensing) to provide guidance to congregate care facilities re: reimbursement, PPE, and admissions procedures.
- Monitored congregate care bed availability
- Monitored for outbreaks; provided support and direction to one facility which had an outbreak
- Explored the possibility of setting up a specialized group care setting for children who became ill (wasn't needed)

# Additional supports to explore or consider

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## Supplemental Payments to Foster Parents of school-aged children

- **\$100** additional payment per child for school-aged children in foster care
- Estimated additional monthly amount = **\$268,500**, based on 2,685 school-aged children in foster care

## Monthly Stipend to all youth who turn 21 in the months of March 2020 to December 2020

- Total cost of **\$705,500** based on the # of youth currently participating in Fostering Futures Program who will age out of the program by turning 21 during this time frame



# Support for youth in Foster Care Over the Age of 18 (Fostering Futures)

# 18

Encouraged LDSS to support youth in obtaining their stimulus checks (i.e. filing income taxes) and applying for unemployment, WIC and SNAP, as appropriate

Provided direction to LDSS about retaining youth in the program, even if they were not able to meet certain eligibility criteria due to loss of employment or schools closing

- Communicates out that: Under the Stafford Act Authority, the Children's Bureau has modified these requirements for youth who are unable to fulfill these requirements as a direct result of the pandemic. ***This means that LDSS now have the flexibility to keep youth in Fostering Futures even if they are unable to meet the hours of employment or education required.***
- Provided information about on-line activities in which youth can participate to continue to make gains towards eventual self sufficiency

Directed LDSS to use Chafee (Independent Living federal monies) to provide a continued stipend to youth turning 21 and aging out of care during the pandemic in order to prevent homelessness and made additional funds available to the LDSS for this purpose